

# Baby Dedication Form

Please Print Clearly

Name ..... Date ..... Contact # .....

Child's Full Name .....

Childs Date of Birth .....

Parents Name (mother)..... (father).....

God Parent( s) .....  
.....

Name of Hospital Child was Born .....

Address of Hospital .....

*(Must be at least 2 weeks in advance)*      1st Option                  2nd Option                  3rd Option

Proposed Dedication Date:                  .....                  .....                  .....

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## Office Use Do Not Write In This Section

Confirmed Dedication Date:.....

Received Donation:.....

Notes: .....